a. COUNTY  D. CITY (If cotable corporate limits, write RURAL and give township)  TOWN  St. Louis, Missouri  G. FULL NAME OF (If not in beoptial or institution, styre street address or location)  HOSPITAL OR INSTITUTION TOWN TOWNSHIP  NAME OF a. (First)  DECEASED  (Type or Print)  S. SEX  Framal 8  White  Wildlide  D. CLIAST (Institution)  D. CLIAST (Institution)  S. SEX  Framal 9  Wildlide  D. MARRIED, NEVER MARRIED, R. (Last)  D. MARRIED, NEVER MARRIED, R. (Last)  R. DATE (Month) (DeATH Or DEATH OR CHARLE)  WILDWICK, DIVORCED, (Byachty)  None  130. MOTHER'S MANE  131. MOTHER'S MANE  132. MOTHER'S MANE  133. MOTHER'S MANE  134. MOTHER'S MANE  135. MOTHER'S MANE  136. SOCIAL SECURITY  (Yes, no, or unknown)  117. INFORMANT'S SIGNATURE OR NAME  118. CAUSE OF DEATH  Enter only onneousus per limb for (n), (h), and (e)  This does not mean the dusces of adates of services)  DISEASE OR CONDITION  This does not mean the dusces the dusces of the mode of dying, such in the decate but on the mode of dying, such in the mode of dying, such in the decate but on the decate of condition contributing to the decate but on the decate but on the decate but on the decate of condition containing decate.  The mode of dying, such in the decate but on the decate and the dusces again on the date stated and alive on 1-29 19-20, that I last saching dusces and the date stated and alive on 1-29 19-20, and that death occurre	residence b
BIRTH NO.    PRIMARY REG. DIST. NO.   PRIMARY REG. DIST. NO.   Registrar's No.	residence b
1. PLACE OF DEATH  a. COUNTY  b. CITY (If orbidds corporate limits, write RURAL and sire township)  CORN St. Louis, Missouri.  d. FILL NAME OF (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  HOSPITAL OR (If not in beoptial or institution, give street address or location)  B. NAME OF (If not in beoptial or institution, give street address or location)  JOHN DEATH (If centious or correction)  G. CITY/(If orbidds corporate limits, write RURAL and sire or location)  ADDRESS (If not street)  B. DATE OF BIRTH (If not street)	nis
B. COUNTY  D. CITY (If outside corporate limits, write RURAL and give to C. LENGTH OF COUNTY STAY (In this place)  O. CITY (If outside corporate limits, write RURAL and give to C. LENGTH OF COUNTY STAY (In this place)  O. CITY (If outside corporate limits, write RURAL and give to C. LENGTH OF COUNTY)  O. CITY (If outside corporate limits, write RURAL and give to C. LENGTH OF COUNTY)  O. CITY (If outside corporate limits, write RURAL and give to C. LENGTH OF COUNTY)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give to County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside County)  O. CITY (If outside corporate limits, write RURAL and give outside corporate limits, write RURAL and give outside corporate limits, write RURAL and give outside County outsi	nis
b. CITY (if outside corporate limits, write RURAL and eive CORD OF COR	mis 🗨
D. CITY (II countide corporate limits, write RURAL and etwn township)  OR O	
d. FILL NAME OF CIT not in begind or institution, give street address or location)  HOSPITATION TO CIT not in begind or institution, give street address or location)  INSTITUTION TO THE CIT of the control in the price of the cit of the control in the cit of the control in the cit of the control in the cit of the choice of of	<i>3</i> , ,
d. FULL NAME OF (If not in beoptial or institution, give street address or location)  HOSTITUTION TO PROPER OR (If not in beoptial or institution, give street address or location)  HOSTITUTION TO PROPER OR (If not in beoptial or institution, give street address or location)  J. NAME OF (If street)  DECEASED (Type or Print)  S. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, Willow Color of the Microscopy of the Color of the Microscopy o	11/1/2
HOSPITAL OR INSTITUTION PARCEL 12 DEACONESS HOSPITAL  3. NAME OF DECEASED (Type or Print)  5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED/(Speedry)  10a. USUAL OCCUPATION (Give kind of work damage)   10b. KIND OF BUSINESS OR IN- done during most of working life, even if retired)  None  13a. FATHER'S NAME   13b. MOTHER'S MAIGEN NAME  13b. MOTHER'S MAIGEN NAME   14. NAME OF HUSBAND OR WIFE  13c. CAUSE OF DEATH Enter only one cause per lime for (a), (b), and (c)  15 This does not mean the discast fullure, authenia, face to the above cause (c) stating face to the above cause (c	<del></del>
3. NAME OF DECEASED (Type or Print)  5. SEX  6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Speedry)   10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  130. MOTHER'S NAME  130. MOTHER'S MAIDEN NAME  131. NAME OF HUSBAND OR WIFE  130. MOTHER'S MAIDEN NAME  131. NAME OF HUSBAND OR WIFE  130. MOTHER'S MAIDEN NAME  131. NAME OF HUSBAND OR WIFE  131. NAME OF HUSBAND OR WIFE  132. FATHER'S NAME  133. MOTHER'S MAIDEN NAME  134. NAME OF HUSBAND OR WIFE  135. WAS DECEASED EVER IN U. S. ARMED FORCES? IN S. SOCIAL SECURITY NO.  136. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  137. INFORMANT'S SIGNATURE OR NAME  141. NAME OF HUSBAND OR WIFE  152. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  153. MOTHER SIGNIFICANT CONDITION  164. CHARLES OR CONDITION  175. DIERCITLY LEADING TO DEATH' (a)  176. MOTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the death of the underlying cause lost.  177. INFORMANT'S SIGNATURE OR NAME  188. DATE OF OPERA-  189. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  180. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  180. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  180. CAUSE OF DEATH  Enter only one causey per line for (a), (b), and (c)  180. CAUSE OF DEATH  Enter only one causey per line for (a), and (c), and (c)  180. CAUSE OF DEATH  Enter only one causey per line for one cause of cause	I
Type or Print    SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Speedry)   9. AGE (In years) of young in young	
Type or Print    SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Speedly)   9. AGE (In years) of working the water of working to the death but not which caused death.    1. DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH* (a)   You - equal to be discount or working the water of working the water of working to the death but not which caused death.    1. DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH* (a)   You - equal to be discount or working the waterlying cause least.    2. DUE TO .(c)   DUE TO .(c	ay) (Year
S. SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED.   8. DATE OF BIRTH   1. Set birthday)   1. MIDOWED. DIVORCED. (Specity)   1. Set birthday)   1. Month   1. Days   1. Month   1. Midowed birthday   1. Midowed birth	9-3-0
10a. USUAL OCCUPATION (Give kind of work dose during must of working life, even if retired)   10b. KIND OF BUSINESS OR IN-   None   13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE     13b. MOTHER'S MAIDEN NAME   12. COMMAN   14. NAME OF HUSBAND OR WIFE     15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURING   17. INFORMANT'S SIGNATURE OR NAME     15b. CAUSE OF DEATH Enter only one cause per lime for (a), (b), and (c)     This does not mean the discent failure, authentia, etc. It means the discential file underlying cause last.     19a. DATE OF OPERA TION   19b. MAJOR FINDINGS OF OPERATION     21a. ACCIDENT   19b. MAJOR FINDINGS OF OPERATION     21b. INJURY OCCURRED   19b. To (c)   19b. To (c)     21c. (CITY, TOWN, OR TOWNSHIP)   19b. To (c)     21d. TIME   19b. To (c)   19b. To (c)   19b. To (c)   19b. To (c)     21d. Time   19b. To (c)   19b. To	
10b. KIND OF BUSINESS OR IN. DUSTRY  NOTE  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  11bova Russell  15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (17ve. no. or unknown)  16c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  17c. CO  NOTE  17c. CO  NOTE  17c. CO  NOTE  17c. N	Hours   1
DUSTRY  NOME  13a. FATHER'S NAME  11by Rasell  13b. MOTHER'S MAIDEN NAME  11c NAME OF HUSBAND OR WIFE  13c NAME OF MUSBAND OR WIFE  13c NAME OF HUSBAND OR WIFE	ITIZEN OF W
13b. MOTHER'S MAIDEN NAME  110 MRISSOL  110 MRISSOL  110 MRISSOL  110 MRISSOL  110 MRISSOL  110 MRISSOL  111 MOTHER S MAIDEN NAME  111 MOTHER S MAIDEN NAME  112 MOTHER'S MAIDEN NAME  112 MOTHER'S MAIDEN NAME  113b. MOTHER'S MAIDEN NAME  114. NAME OF HUSBAND OR WIFE  115 MOTHER'S MAIDEN NAME  115 MOTHER'S MAIDEN NAME  116 MOTHER'S MAIDEN NAME  117 INFORMANT'S SIGNATURE OR NAME  118 CAUSE OF DEATH  119 LOISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  111 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (c)  111 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (c)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (c)  111 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (c)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (a)  110 MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (b)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (a)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (b)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (c)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*  (d)  110 DISEASE OR CONDITION  DIRECTLY LEAD	UNTRY?
Iloyd Russell   Roxenna Louisa Filzgerald     Iloyd Russell   Roxenald     Iloyd Russell   Roxenald   Roxenald     Iloyd Russell   Roxenald   Roxenald   Roxenald     Iloyd Code   Roxenald   Roxenald   Roxenald   Roxenald     Iloyd Russell   Roxenald   Roxenald   Roxenald   Roxenald     Iloyd Russell   Roxenald   Roxenald   Roxenald   Roxenald   Roxenald     Iloyd Russell   Roxenald   Roxenald   Roxenald   Roxenald   Roxenald   Roxenald   Roxenald     Iloyd Russell   Roxenald   R	
11. Second Deceased Ever in U.S. Armed Forces;   16. Social Security   17. Informant's Signature or Name   18. Cause of Death   19. Cause of Service   19. Cau	
15 PMAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURITY (NO.   17. INFORMANT'S SIGNATURE OR NAME (Yes, no, or unknown) (If yes, give war or dates of service)   18. CAUSE OF DEATH Enter only one-causes per line for (a), (b), and (c)   19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a)   19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a)   19. DIRECTLY LEADIN	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dring, such as heart failure, asthemia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Baselfy)  21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidge, etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WORK  21. INJURY OCCURRED WORK  21. INJURY OCCURRED WORK  22. I hereby certify that I attended the deceased from 1-19  195-9, to 1-	ADDRES
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the distant failure, etc. It means the distant failure, asthenia, etc. It means the distant failure, etc. I	•
Inter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discrete, injury, or compilication which caused death.  *In the mode of Operation of the underlying course last.  *DUE TO (c)  *II. OTHER SIGNIFICANT CONDITIONS  *Conditions contributing to the deathbut not related to the disease or condition causing death.  *Igh. DATE OF OPERATION  *Igh. MAJOR FINDINGS OF OPERATION  *Igh. Major Findings of Operation of County	TERVAL BETW
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart fallure, exthenia, etc. It means the discase, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the death but not related beath.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related beath.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related beath.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related beath.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related beath occurred beath.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related beath but	ISET AND DEA
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the underlying cause last.  DUE TO .(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21d. TIME (Mostb) (Day) (Year) (Hour) OF INJURY  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT. WORK  21f. HOW DID INJURY OCCUR?  22f. How DID INJURY OCC	
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related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Boardly) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT WHILE AT	
TION  21s. ACCIDENT SUICIDE HOMICIDE  12th. PLACE OF INJURY (e.g., in or about burns, tartory, etreet, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  21d. TIME (Mostb) OF INJURY  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT. WORK  21f. HOW DID INJURY OCCUR?  10 10 10 10 10 10 10 10 10 10 10 10 10 1	<del></del>
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SUICIDE home, farm, factory, street, office bldgetc.)  21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED NOT WHILE AT NOT WH	res 📙 NO
HOMICIDE  21d. TIME (Mooth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NORK 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 1-18 , 19 50, to 1-19 , 19 50, that I last saidlive on 1-19 , 1950, and that death occurred at 12 2 m., from the causes and on the date stated ab	(STATE)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?	T13
INJURY  WHILE AT NOT WHILE  AT. WORK  AT. WORK  19 5-0, to 1-19, 19 50, that I last say alive on 1-19, 1950, and that death occurred at 12 2 mm, from the causes and on the date stated ab	<del></del>
22. I hereby certify that I attended the deceased from 1-18 , 19 50, to 1-19 , 19 50, that I last sa alive on 1-19 , 1950, and that death occurred at 12 22 Am., from the causes and on the date stated ab	•
alive on 1-19 1950, and that death occurred at 12 20 m., from the causes and on the date stated ab	
alive on 1-19 1950, and that death occurred at 12. Am., from the causes and on the date stated ab	p the decec
23a. SIGNATURE ((Degree or title) 23b. ADDRESS, St. Journ 3, No. 23c	ove.
ا منین می از این ایم اصدال این ایم است این این ایم است این	ove. . DATE SIGN
( ) I I I I I I I I I I I I I I I I I I	
ZAO. BURIAL, CREMA- TION, REMOVAL (Specify)  ZAO. DATE  24c. NAME OF CEMETERY OR CREMATORY  AND BURIAL, CREMA- TION, REMOVAL (Specify)  ZAO. DATE  24d. LOCATION (City, town, or county)	. DATE SIGN
	DATE SIGN /-ンパー3 (State
DATE RECEDIBLICAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE ROWLAND MORTURY SerVICE	DATE SIGN
(Licensed Embalmer's Statement on Retrief Statement Ave. St. Letter	DATE SIGN

s ·	TATEMENT	F BY LICENSED EMB.	ALMER	
I hereby certify that the body whose name is	s recorded on	the reverse side of this	certificate was embalm	ed by me, or by
***************************************			Student Embalmer	No
working under my personal supervision.				
Student	44	Signed		
Student Embalmer	€		Licensed Embalmer No	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

P. O. Address

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.